

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/583717</b>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			1		1			
2			1		1			
3				2		2		
4				2		2		
5				2		2		
6				2		2		
7				2		2		
8				2		2		
9			1		1			
10				3		①		
11			1		1			
12			1		1			
13				2		2		
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TOTAL DEP.		←	30	←	26	←		
TOTAL CLAIMS			36		32			
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TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								